

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94269

(0)

1. Corporation Name

LEE RANCH, INC.

FILED

95 JAN 25 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% ROBERT E. LEE
819 GENEVA DR
OVIEDA FL 32765

Mailing Address

% ROBERT E. LEE
819 GENEVA DR
OVIEDA FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/11/1982

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2206986

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Zip

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, ROBERT E
819 GENEVA DR
OVIEDA FL 32765

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
LEE, ROBERT E
819 GENEVA DR
OVIEDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
LEE, ROBERT E., JR.
3700 CURRYVILLE RD.
CHULUOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEE, JOHN B.
2022 ADELA AVE.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEE, C DAVID
0235 LK. CHARM CIR.
OVIEDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
LEE, JANE S
819 GENEVA DR
OVIEDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEE, RICHARD H
0097 LAKE CHARM CIR.
OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1-19-95